



# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

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## Licensure Requirements

### **All Applicants (Except Nursing Home Administrator)**

- Recent passport type photograph (Approximately 2 X 2 inches in size - head & shoulder view).
- Applications shall be completed and submitted thirty (30) days prior to the scheduled date of the Board meeting.
- Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status **and** eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**).
- Signed statement of **Good Moral Character** (page 9).

### **By Completion of an Approved Training Program and Examination**

- Successfully complete an approved training program (Presently provided by the **Rhode Island Assisted Living Association - RIALA**) and pass the Certification Examination, **OR** pass the Certification Examination provided by the **National Association of Board of Examiners of Long Term Care Administrators** (NAB - Scheduled to be available by early Summer 2004).
- Supporting official transcripts of the Training Program sent directly from the Program to the Office of Health Professionals Regulation, Board of Assisted Living Residence Administrator Certification, bearing the signature of the Program Director.

### **By Health Care Education and Examination**

- Pass the Certification Examination (Presently provided by the **Rhode Island Assisted Living Association - RIALA**), **OR** Pass the Certification Examination provided by the **National Association of Board of Examiners of Long Term Care Administrators** (NAB - Scheduled to be available by early Summer 2004).
- Supporting official transcripts of a degree in a Health Care-Related field sent directly from the College or University to the Office of Health Professionals Regulation, Board of Assisted Living Residence Administrator Certification, bearing the signature of the Registrar and imprint of the school seal. Transcripts must indicate successful completion of a degree in a health care-related field that includes coursework as follows: 1. Gerontology 2. Personnel Management and 3. Financial Management. (Supply copy of course description from college/university handbook).

# GENERAL INFORMATION (CONTINUED)

## By Health Care Education and Examination (continued)

- Provide evidence of satisfactory completion of field experience of at least forty (40) hours in a training capacity in a licensed assisted living residence that shall include training in the following areas: Administration, Nursing, Activities Department, Admissions, Dietary Department, Environment/Maintenance. The field experience must have been completed within a twelve (12) month period immediately prior to the date of the application. The Administrator of the licensed Assisted Living Residence where the field experience was performed must attest that the training included each area described above (See Documentation of Field Experience Page 10).

## By Nursing Home Administrator's License

- Possession of Current Rhode Island Nursing Home Administrator's License, in good standing.

## By Endorsement

- Applicant must hold current license in good standing as an assisted living residence administrator in another jurisdiction/ provided that the Board finds that the standards for licensure in said jurisdiction are substantially equivalent to those prevailing in this state at the time of application; that the applicant meets the Licensure Requirements for **All Applicants** described in this application.
- Supporting official transcripts of education and training credentials sent directly from the school to the Office of Health Professionals Regulation, Board of Assisted Living Residence Administrator Certification, bearing the signature of the Registrar and imprint of the school seal.
- Provide verification of licensure, in good standing, from another state jurisdiction (See Interstate Verification Form Other State License(s) - Page 12)

## Rules and Regulations/Laws

The rules and regulations for the "Certification of Administrators of Assisted Living Residences" can be obtained at the following web site:

[http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH\\_2687.pdf](http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2687.pdf)

Title 23, Chapter 17.4, entitled: Assisted Living Residence Licensing Act can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title23/23-17.4/index.htm>

# APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Assisted Living Residence Administrator Certification (Board).

## **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 11) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and for a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

[http://www.health.ri.gov/hsr/professions/alr\\_admin.php](http://www.health.ri.gov/hsr/professions/alr_admin.php)

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site (Approximately ten (10) days after Board Meeting):***

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

# INSTRUCTIONS FOR COMPLETING THE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application pages (6-9). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Attach a notarized Copy of Birth Certificate or proof of lawful entry into country (Except Nursing Home Admin.).
3. Affix a recent passport type photo of yourself in the space provided (page 9).
4. Provide Documentation as described in "Licensure Requirements" (pages 2-3).
5. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 11). Do not submit the application without all applicable information and documentation. Mail these components of the application to:

**Rhode Island Department of Health  
Board of Assisted Living Residence Administrator Certification, Room 105  
3 Capitol Hill  
Providence, RI 02908-5097**



# State of Rhode Island Board of Assisted Living Residence Administrator Certification

Application for License as an Assisted Living Residence Administrator

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

## 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

## 2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

## 3. Gender

☐

Male

☐

Female

## 4. Date and Place of Birth

Month

Day

Year

City and State; OR Province and Country, etc., if NOT U.S.

## 5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Home Phone

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

## 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

**This address will appear on the Department of Health web site.**

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax



## 11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

☐ Yes ☐ No

Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):

Month	Year

## 12. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined, or are formal charges pending?

☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state?

☐ Yes ☐ No

**Note:** If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, a separate sheet of paper.



### 13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am of good and moral character and I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Assisted Living Residence Administrator in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Assisted Living Residence Administrator Certification of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No./Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

### 14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write your name on the back of the photograph and provide the date that the photograph was taken.**

\_\_\_\_\_  
Date of Photograph



# Rhode Island Board of Assisted Living Residence Administrator Certification

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

Substitute forms are not acceptable, copy this form as needed.

## Documentation of Forty (40) Hours of Field Experience

### (Required for Health Care Education and Examination Only)

R23-17.4-ALA, "Rules and Regulations for the Certification of Administrators of Assisted Living Residences" - Section 3.0, "Qualifications for Certification" - Requires Successful completion of a degree in a health-care related field from an accredited College or University **and** requires satisfactory completion of a field experience of at least forty (40) hours, within a twelve (12) month period in a training capacity in a licensed assisted living residence that shall include training in the following areas: Administration, Nursing, Activities Department, Admissions, Dietary Department, Environment/Maintenance. At the conclusion of the field experience, the administrator of the licensed assisted living residence where the field experience was performed must attest that the training included each area.

I hereby attest that \_\_\_\_\_ has satisfactorily completed forty (40) hours of Field Experience in the following areas:

☐ Administration

☐ Nursing

☐ Activities Department

☐ Admissions

☐ Dietary Department

☐ Environment/Maintenance

☐ Other - Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Assisted Living Residence Administrator (ALRA)

\_\_\_\_\_  
Print or Type Name of ALRA

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

\_\_\_\_\_  
License Number

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_,

who is personally known to me or has produced \_\_\_\_\_

as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

## APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

### **Board Application**

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the Rhode Island Board application as instructed (pages 6-9).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application (except for Nursing Home Administrator).
- ☐ I have attached a Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status **and** eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**) (except for Nursing Home Administrator).
- ☐ I have arranged my Board Application materials in the following order.
  1. Board Application (including cover page) and pages 6-9.
  2. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]

I have mailed the above application materials directly to the Rhode Island Board of Assisted Living Residence Administrator Certification.

### **Required Forms**

- ☐ I have completed and mailed the following forms as instructed.
  1. Interstate Verification Form(s) - Other State License(s) (Endorsement Candidates Only).

### **Other Documents**

- ☐ I have requested a school transcript and my certification score as instructed.



# Rhode Island Board of Assisted Living Residence Administrator Certification

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

Substitute forms are not acceptable, copy this form as needed.

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as an Assisted Living Residence Administrator in the State of Rhode Island. The Rhode Island Board of Assisted Living Residence Administrator Certification requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Assisted Living Residence Administrator Certification at the above address.

Print/Type Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Previous Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE ASSISTED LIVING RESIDENCE BOARD

Assisted Living Residence Administrator Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

#### Questions:

1. Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Title \_\_\_\_\_

Full Name and State of Licensing Board \_\_\_\_\_

Please Affix  
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

**State of Rhode Island and Providence Plantations**



**DEPARTMENT OF HEALTH**

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

## **Mandatory Addendum to License Application**

Verification of Social Security Number/Federal Employer Identification  
Number and affidavit concerning taxpayer status

**Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.**

**I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number (SSN) or Federal  
Employer Identification Number (FEIN)

**Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.**

**This form MUST be completed, signed and attached to your license application in order for us to process your application.**